

NOTICE OF APPEAL FROM THE EXAMINER TO
THE BOARD OF PATENT APPEALS AND INTERFERENCESDocket Number
Q94121
Confirmation Number
2361

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)]

on _____

Signature _____

Typed or
printed nameIn re Application of
Masao SUDOH, et al.

Application Number

10/574,477

Filed

January 9, 2007

For
DRUG CONTAINING (2R)-2-PROPYLOCTANOIC ACID AS
THE ACTIVE INGREDIENTArt Unit
1621Examiner
Sudhakar KATAKAMApplicant hereby **appeals** to the Board of Patent Appeals and Interferences from the last decision of the examiner.

The fee for this Notice of Appeal is (37 CFR 41.20(b)(1))

\$540.00

Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is: _____

Payment by credit card.

The Director has already been authorized to charge fees in this application to a Deposit Account.

The USPTO is directed and authorized to charge all required fees, except for the Issue Fee and the Publication Fee, to Deposit Account No. 19-4880. Please also credit any overpayments to said Deposit Account.

A petition for an extension of time under 37 CFR 1.136(a) (PTO/SB/22) is enclosed.

CORRESPONDENCE ADDRESS

Direct all correspondence to the address for SUGHRUE MION, PLLC filed under the Customer Number listed below:

WASHINGTON DC SUGHRUE/265530

65565

CUSTOMER NUMBER

I am the

applicant/inventor.

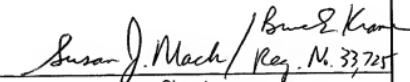
assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

attorney or agent of record.
Registration number 30,951

attorney or agent acting under 37 CFR 1.34.
Registration number if acting under 37 CFR 1.34 _____

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.



Signature

Susan J. Mack

Typed or printed name

(202) 293-7060

Telephone number

June 7, 2011

Date

*Total of 1 form is submitted.